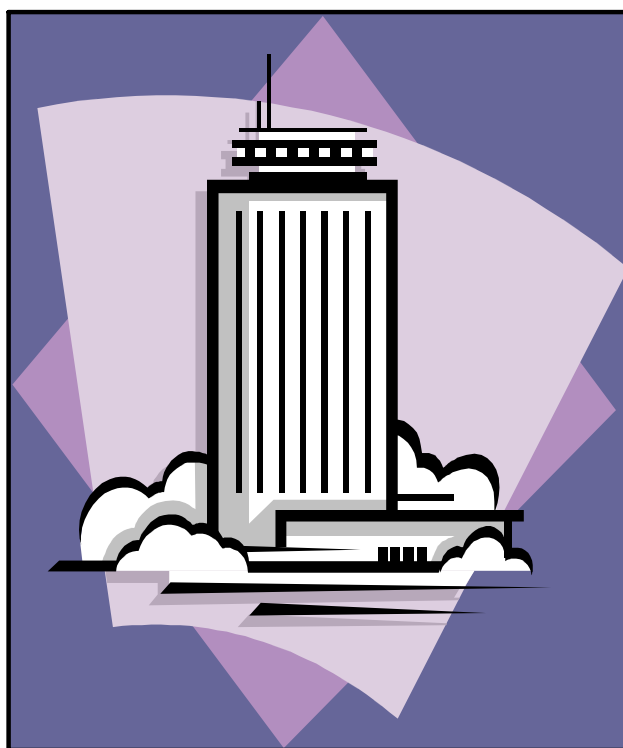


Cyclical Performance Review for Local Education Agencies



Tennessee Department of Education
Division of Special Education

2006-2007



Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

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Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

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Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

INTRODUCTION: Overview (I-A)

Tennessee's Cyclical Performance Review for Local Education Agencies (CPR for LEAs) of Special Education programs is modeled after the federal Office of Special Education Programs (OSEP) process used to monitor State's special education programs. This process is results-oriented and data-driven.

Tennessee's CPR for LEAs begins with a Self-Assessment which is completed by local school systems. The self-assessment is structured around priority areas and indicators, with each indicator supported by data sources used to measure status and progress.

School Districts receive guidance on data sources and analyzing and reporting data pertaining to each indicator. They also have the opportunity to describe current and planned efforts to improve performance on each Indicator.

In addition to the Self-Assessment, there are other components of Tennessee's CPR for LEAs monitoring process. Local Steering Committees assist with efforts to disseminate information and participate in validation visits, with State TN compliance Staff. In comparison to previous State and Federal monitoring efforts, the monitoring process is CONTINUOUS (as opposed to being episodic), is RESULTS ORIENTED (as compared to being technical/procedural) and is PUBLIC AND PARTICIPATORY, and is DATA DRIVEN.

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

INTRODUCTION: Timeline (I-B)

YEAR ONE (#1)

During the summer an announcement letter of participation is sent to the Director of Schools. Early in the school year an overview of the process is provided to all special education supervisors by State Department Personnel. Technical assistance is provided throughout the process with a validation visit conducted when the self-assessment is completed. Identified areas in need of improvement are addressed by means of a written Program Improvement Plan (PIP). Steering committee members review the self-assessment, which is a public document and provide overall approval before it is validated by state staff.

YEAR TWO (#2)

During the spring of year #2, on-site visits are conducted to review Program Improvement Plans (PIPs). If PIPs are not implemented in accordance with approved timelines, sanctions may be applied. Possible sanctions could include: withholding the Comprehensive Plan, withholding state funds, and/or withholding school approval.

YEAR THREE (#3)

During the summer a letter is sent to the Director of Schools requesting that any Program Improvement Plans (PIPs) that are outstanding be completed and documentation provided to the TDOE according to prescribed timelines. A reunion steering committee meeting is held to review improvement actions taken. Sanctions may apply as in Year Two. If all areas are completed satisfactorily, a written confirmation is sent to the Director of Schools verifying that no compliance issues are outstanding within the system and that the self assessment cycle is complete.

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

INTRODUCTION: The Local Steering Committee (I-C)

School systems are strongly encouraged to complete the self assessment with input from a variety of sources. A special education department alone cannot fully implement the requirements of IDEA; therefore, collaboration between general and special education and the community is necessary for compliance. This committee will develop a snapshot of where the school system is, identify and address areas for targeted program improvement and establish a starting point to evaluate future progress.

Once the steering committee is formed each member will need to have a clear understanding of the monitoring process and IDEA requirements. They will then need to review what the school system is currently doing and what data is needed to support this. Finally, they will need to identify any IDEA requirements that are not being met and develop procedures to correct these areas. Based on the area of expertise of the committee members, it would be advisable to assign specific portions or sections of the self assessment to certain members for completion.

The size and composition of the committee is up to each LEA. However, the following are possible representatives to be considered:

Teachers – Regular and Special Education

Administrators – Regular and Special Education

Parents (Preferably at least two, non school employees, to represent elementary and secondary. Larger systems may also want a middle school representative.)

Students with disabilities

Assessment Personnel

Related Service Personnel

Paraprofessionals

Vocational Teachers – Voc. Rehab Staff

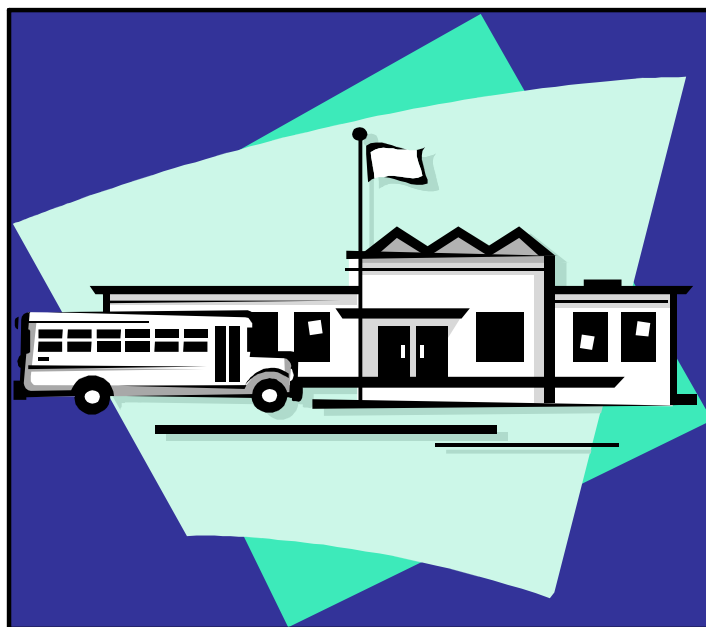
Agencies – TEIS, STEP, TPA, Head Start

School Board Members

Community Members

`Free Appropriate Public Education in
the Least Restrictive Environment`

FAPE
IN THE
LRE



FLRE

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

LEA _____

School Year Completed _____

PREVIOUS SCHOOL YEAR IS 2005-2006

CURRENT SCHOOL YEAR IS 2006-2007

Priority Area: FAPE IN THE LRE (FLRE)	
What is the percent of youth with IEPs graduating from high school with a regular high school diploma compared to the percent of all youths in the system graduating with a regular high school diploma?	
Comments: <i>Percent for Special Education = End of Year Table 4, Section C: $\frac{\text{Line A} + \text{D Totals}}{\text{Line A through H Totals}} = \text{_____} \%$</i> Percentage for all youth = _____% (Data Source #2)	
If no or partially, complete P.I.P. form provided in Appendices	
Required Data Sources	
1.) End of Year Table 4, Section C 2.) System Report Card / most recent published / (<i>graduates with regular high school diplomas</i>)	
Authority:	
Federal – 2004	TN Regs
20USC 1412 (a) (15)	0520-1-9-.13 (1) (b) TN ADV Council - Goal #1
State Target <u>90%</u> for “all” youth Note: The 05-06 statewide general education diploma percentage for SPED students was ____%. Any LEA whose rate is below 32% for the 05-06 school year must complete a PIP. In future years we are looking for at least a 1.5% annual increase in the number of SPED students receiving GEN ED diplomas. If this target is not met, a PIP should be written. Include reference to the following information in writing the PIP. <ol style="list-style-type: none"> 1. What steps are being taken to increase the rates of students with disabilities graduating with a regular high school diploma?. Address the following in your response: accommodations, access to the general curriculum, staff development/training, remedial education programs. 2. How does a student earn a regular high school diploma in your school system? List graduation requirements to obtain a regular high school diploma. 3. What remediation is offered to help students pass the gateway examinations? (i.e., purchase of special materials, learning labs, etc) 	
Division Use Only	SPP/APR
FLRE #1	
Date of Validation: _____ Reviewing Consultants: _____ Additional Info/Comments:	

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

LEA _____

School Year Completed _____

PREVIOUS SCHOOL YEAR IS 2005-2006

CURRENT SCHOOL YEAR IS 2006-2007

Priority Area: FAPE IN THE LRE (FLRE)

What is the percent of youth with IEPs dropping out of high school compared to the *percent of all youth dropping out of high school?

Comments:

Percent for SPED = End of Year Table 4, Section C

$\frac{\text{Line G Total}}{\text{Line A thru H Total}} = \text{_____} \%$

Percent for all Youth = _____% (Data source #2)

Indicator Achieved: Yes / No / Partially (*Circle one*) If state target is not met, response must be "No" or "Partially".

If no or partially, complete P.I.P. form provided in Appendices

Required Data Sources

1. End of Year Table 4, Section C
2. System Report Card / most recent published / "Dropout Event Rate"

Authority:

Federal - 2004	TN Regs
20USC 1412 (a) (15)	300.552(e) 300.308 0520-1-9-.03

State Target = 10 % If this target is not met, a PIP should be written. Include reference to the following information in writing the PIP.

1. What measures are you taking to prevent drop-outs? Address the following areas in your response: attendance, diploma options, vocational and job prep programs, transition programs, behavior management, student involvement in the IEP process.
2. Do potential drop-outs receive any type of counseling? If so, describe the types of counseling offered.
3. Is training provided for staff members in recognizing potential drop-outs? If so, describe trainings offered.

Division Use Only	SPP/APR	FLRE	#2
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Date of Validation: _____ Reviewing Consultant : _____

Additional Info/Comments:

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

LEA _____

School Year Completed _____

DO NOT ANSWER - THIS INFORMATION ANALYZED IN THE SPP/APR FOR TN

PREVIOUS SCHOOL YEAR IS 2005-2006

CURRENT SCHOOL YEAR IS 2006-2007

Priority Area: **FAPE IN THE LRE(FLRE)**

- A. How many schools in your system did not make AYP for students with disabilities? # = _____. % _____. List or attach a list of schools that did not make AYP.
- B. What are the "participation rates" in your system for students with disabilities on statewide assessment?
 Elementary/Middle Reading _____ High School Reading _____
 Elementary/Middle Math _____ High School Math _____
- C1. What are the "proficiency rates" in your system for students with disabilities taking statewide assessments?
 Elementary/Middle Reading _____ High School Reading _____
 Elementary/Middle Math _____ High School Math _____
- C2. What are the "proficiency rates" in your system for students taking alternate assessments (portfolio and ASA)?
 Elementary/Middle Reading _____ High School Reading _____
 Elementary/Middle Math _____ High School Math _____

Proficient = Proficient plus advanced

Indicator Achieved: Yes / No / Partially (*Circle one*) If state target is not met, response must be "No" or "Partially".

If no or partially, complete P.I.P. form provided in Appendices

Required Data Sources:

Authority:

<i>Federal – 2004</i>	TN Regs
20USC 1412 (A) (15)	0520-1-9-.02 TN ADV Council – Goal #1 1 & c2

State Target A = NA State Target B = 95% State Target C = Same as NCLB proficiency rates
 If targets are not met in any area, answer the following questions and include results in development of a PIP.

QUESTIONS for A: NONE

QUESTIONS for B:

What action steps have you implemented or will you implement to ensure that the participation rate for children with IEPs will increase?

QUESTIONS for C:

- What action steps have you implemented or will you implement to ensure that the proficiency rate for children with IEPs will increase?
- Have teachers and staff received training in the use of accommodations for children with IEPs? As applicable, have teachers and staff received training in the areas of Gateway standards and Alternate Assessments?
- If teachers and staff are not adequately trained, what action steps will be implemented to ensure that teachers and staff are adequately trained?

Division Use Only	SPP/APR	FLRE #3
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Date of Validation: _____ Reviewing Consultant: _____

Additional Info/Comments:

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

LEA _____

School Year Completed _____

PREVIOUS SCHOOL YEAR IS 2005-2006

CURRENT SCHOOL YEAR IS 2006-2007

Priority Area: FAPE IN THE LRE (FLRE)

- a. Is there a “significant discrepancy” in the rate of suspension/expulsion of students with disabilities for greater than 10 days in a school year within the school district? (Compare your suspension rate to the TDOE discrepancy rate in order to determine significance.)
- b. Is there a “significant discrepancy” in the rate of suspension/expulsion for greater than 10 days in a school year of children with disabilities by Race and Ethnicity? (Compare your suspension rate to the TDOE discrepancy rate in order to determine significance.)

Indicator Achieved: Yes / No / Partially (Circle one) If state target is not met, response must be “No” or “Partially”.

If no or partially, complete P.I.P. form provided in Appendices

Required Data Sources

To Be Provided by TDOE

Authority:

Federal – 2004	TN Regs
20USC 1416 (a) (4) 20USC 1412 (22)	0520-1-9-.03 0520-1-9-.15

a. Significant Discrepancy >1%

b. Significant Discrepancy >1%

If this target is not met, a PIP should be written. Include reference to the following information in writing the PIP.

1. Are disciplinary removals of students with IEPs from their current placements applied to the same extent as for students without IEPs?
2. If the LEA has not yet conducted a Functional Behavior Assessment and implemented a Behavior Intervention Plan, what actions are taken? (Include all steps)
3. If a student already has a BIP and an FBA has been completed, what steps may be taken to review and modify the plan as needed?
4. Do students who are suspended for more than 10 days continue to receive special education services and is an FBA conducted?

Division Use Only	SPP/APR	FLRE	#4
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Date of Validation: _____ Reviewing Consultant: _____

Additional Info/Comments:

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

LEA _____

School Year Completed _____

PREVIOUS SCHOOL YEAR IS 2005-2006

CURRENT SCHOOL YEAR IS 2006-2007

Priority Area: FAPE IN THE LRE (FLRE)

What is the percent of children with IEPs age 6 through 21 years of age:

- A. Removed from regular class less than 21% of the day? _____% (Line A Total divided by Line I Total)
 B. Removed from regular class greater than 60% of the day? _____% ((Line C Total divided by Line I Total)
 C. Served in either public/private separate schools or in residential placements? _____% (Lines D thru H Total divided by Line I Total)

Comments:

Indicator Achieved: Yes / No / Partially (*Circle one*) If state target is not met, response must be "No" or "Partially".

If no or partially, complete P.I.P. form provided in Appendices

Required Data Sources

1. Dec.1, 2005 Census Report, Table 3, Section G, page 16

Authority:

Federal – 2004	TN Regs
20USC 1416 (A) (3) (a)	0520-1-9-.12 0520-1-9-.10 0520-1-9-.08 0520-1-9-.03

State Targets A 53.5% % B 14.5 % C 4 % (Source: State Performance Plan))

Note: To clarify, If the 05-06 percentage is below 53.5 % for A, above 14.5 % for B, or above 4 % for C, a PIP must be written. Keep in mind that percents for A need to be rising, for B need to be decreasing, and percents for C need to be decreasing or maintained. (Source: State Performance Plan)

If any of these targets are not met, a PIP should be written. Include reference to the following information in writing the PIP.

1. How many option 7 and above students are in your school system? How many special education students are in your system?
 2. Are all placement options considered for all students with IEPs?

Division Use Only	SPP / APR	FLRE	#5
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Date of Validation: _____ Reviewing Consultant: _____

Additional Info/Comments:

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

LEA _____

School Year Completed _____

PREVIOUS SCHOOL YEAR IS 2005-2006

CURRENT SCHOOL YEAR IS 2006-2007

Priority Area: FAPE IN THE LRE(FLRE)

What is the percent of preschool children with IEPs who receive special education and related services in settings with typically developing peers?

Comments:

_____ % percent (Table 3 Child Count Report)= Line A, B, D, H / Total

Refer to this percentage in a narrative response.

Indicator Achieved: Yes / No / Partially (Circle one) If state target is not met, response must be "No" or "Partially".

If no or partially, complete P.I.P. form provided in Appendices

Required Data Sources

1. *Dec. 1, 2005, Census Report, Table 3, Section A, page 7*

Authority:

Federal - 2004

TN Regs

20USC 1416 (a) (3) (A)

0520-1-9-.03 (2)(k)(5)
0520-1-9-.12
TN Adv Council Goal #3

State Target 90 %

If this target is not met, a PIP should be written. Include reference to the following information in writing the PIP.

1. If preschool children with IEPs in your system are primarily receiving special education and related services in an Early Childhood Special Education Setting or other setting without typically developing peers, what opportunities could you provide for their participation (even part-time) with typically developing peers?
2. Is there a regular education preschool, Head Start, or private daycare facility that your system could utilize for integrating students through reverse mainstreaming, etc?
3. If classes for preschool children with IEPs are located in regular elementary schools, what could you do to provide greater opportunities for typically developing peer interaction that has not already been offered?

Division Use Only

SPP/APR

FLRE

#6

Date of Validation: _____ Reviewing Consultants: _____

Additional Info/Comments:

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

LEA _____

School Year Completed _____

DO NOT ANSWER - This information will be collected by the Coordinator of Preschool Services.

PREVIOUS SCHOOL YEAR IS 2005-2006

CURRENT SCHOOL YEAR IS 2006-2007

Priority Area: FAPE IN THE LRE (FLRE)

What is the percent of preschool children with IEPs who:

- a. demonstrate positive social-emotional skills(including social relationships) _____ %
- b. acquire and use knowledge and skills (including early language/communication and early literacy) and _____ %
- c. demonstrate appropriate behaviors to meet their needs? _____ %

Comments:

Indicator Achieved: Yes / No / Partially (*Circle one*) If state target is not met, response must be "No" or "Partially".

If no or partially, complete P.I.P. form provided in Appendices

Required Data Sources

Authority:

Federal - 2004

20 USC 1416 (a) (2) (A) & (a) (4)

TN Regs

TN ADV Council - Goal #1

Division Use Only

APR

FLRE

#7

Date of Validation: _____ Reviewing Consultant: _____

Additional Info/Comments:

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

LEA _____

School Year Completed _____

PREVIOUS SCHOOL YEAR IS 2005-2006

CURRENT SCHOOL YEAR IS 2006-2007

Priority Area: FAPE IN THE LRE(FLRE)

What is the percent of parents with a child receiving special education services who report that the school system facilitated parent involvement as a means of improving services and results for children with disabilities?

The sampling method: 1. Send Survey home to all parents of exceptional students. 2. Allow 2 weeks response time. 3. Summarize those returned in response to the above indicator.

Indicator Achieved: Yes / No / Partially *(Circle one)* If state target is not met, response must be "No" or "Partially".

If no or partially, complete P.I.P. form provided in Appendices

Required Data Sources

1. Parent Survey Tally - TDOE form A2a

Authority:

Federal - 2004

TN Regs

20USC 1416 (a) (4)

TN ADV Council – Goal #7

State Target = 90% "Agree + Partially Agree" Grand total. If this target is not met, a PIP should be written.

Subject matter of questions with an "Agree/Partially Agree" rate below 90% should be included in PIP steps.

Division Use Only

SPP/APR

FLRE

#8

Date of Validation: _____ Reviewing Consultant: _____

Additional Info/Comments:

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

LEA _____

School Year Completed _____

PREVIOUS SCHOOL YEAR IS 2005-2006

CURRENT SCHOOL YEAR IS 2006-2007

Priority Area: FAPE IN THE LRE (FLRE)	
<p>Are facilities that serve students with disabilities comparable and accessible?</p>	
<p>Indicator Achieved: Yes / No / Partially <i>(Circle one)</i> If state target is not met, response must be "No" or "Partially".</p> <p>If no or partially, complete P.I.P. form provided in Appendices</p>	
<i>Required Data Sources</i>	
<p>TDOE Data Sheet A3 / "Facilities Checklist "</p>	
Authority:	
Federal - 2004	TN Regs
<p>34 CFR 104.21-22 20 USC 1404</p>	<p>0520-1-9-.08 (8) (a, b, c)</p> <p>TN ADV Council – Goal #2</p>
<p>State Target 100%</p> <p>All "No's" from the facility checklist should be justified /explained in this response. If "No's" cannot be justified, write a Program Improvement Plan (PIP).</p>	
Division Use Only	Not Direct APR
<p>Date of Validation: _____ Reviewing Consultant: _____</p> <p>Additional Info/Comments:</p>	

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

LEA _____

School Year Completed _____

DO NOT ANSWER / THIS INFORMATION WILL BE COLLECTED BY THE DIRECTOR OF JUVENILE SERVICES AND / OR THE INCARCERATED YOUTH COMPLIANCE CONSULTANT PER THEIR INSTRUCTIONS

PREVIOUS SCHOOL YEAR IS 2005-2006

CURRENT SCHOOL YEAR IS 2006-2007

Priority Area: FAPE in the LRE(FLRE)

Do eligible youth with disabilities in local juvenile and adult correctional facilities receive FAPE and are they offered the same rights under IDEA as children and youth with disabilities served by public agencies?

Comments:

Indicator Achieved: Yes / No / Partially *(Circle one)* If state target is not met, response must be "No" or "Partially".

If no or partially, complete P.I.P. form provided in Appendices

Required Data Sources

Data to be identified by TDOE Director of Juvenile Services

Authority:

Federal - 2004

TN Regs

300.300

0520-1-9-.08

TN ADV Council – Goal #1

State Target _____

(Not Direct APR)

Division Use Only

SPP/APR

FLRE

#8b

Date of Validation: _____ Reviewing Consultants: _____

Additional Info/Comments:



DISPROPORTIONALITY



DISP

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

LEA _____

School Year Completed _____

DO NOT ANSWER - THIS INFORMATION ANALYZED IN THE SPP/APR FOR TN

PREVIOUS SCHOOL YEAR IS 2005-2006

CURRENT SCHOOL YEAR IS 2006-2007

Priority Area: **DISPROPORTIONALITY (DISP)**

What is the percent of disproportionate representation of racial and ethnic groups in each special education and related service setting that is the result of inappropriate identification?

Comments:

Indicator Achieved: Yes / No / Partially (*Circle one*) If state target is not met, response must be "No" or "Partially".

If no or partially, complete P.I.P. form provided in Appendices

Required Data Sources

1. TDOE Disproportionality Report (Provided by TDOE)

Authority:

Federal – 2004

TN Regs

20USC 1416 (A) (3) (C) AND
20USC 1418 (D)

TN ADV Council – Goal #1

State thresholds are ____ and ____ for 05-06.

If state thresholds are not met, answer the following question and include results in the development of a PIP.

INTERVENTIONS: Is there a disparity between what is being provided to minority students versus what is being provided for non- minority students? Yes ____ / No ____ (If Yes, address in PIP)

EVALUATION: Are different criteria used to evaluate minority students compared to non-minority students?

Yes ____ / No ____ (If Yes, address in PIP.)

PLACEMENT: Is there disparity in placing minority students in self contained classes while allowing non-minority students to be served through resource classes? Yes / No (If Yes, address in PIP.) Are large numbers of non-minority students placed on the regular diploma track while only small numbers of minority students are placed on this track.? Yes / No (If Yes, address in PIP.)

Division Use Only

SPP / APR

DISP

#9

Date of Validation: _____ Reviewing Consultant: _____

Additional Info/Comments:

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

LEA _____

School Year Completed _____

DO NOT ANSWER - THIS INFORMATION ANALYZED IN THE SPP/APR FOR TN

PREVIOUS SCHOOL YEAR IS 2005-2006

CURRENT SCHOOL YEAR IS 2006-2007

Priority Area: **DISPROPORTIONALITY (DISP)**

What is the percent of disproportionate representation of racial and ethnic groups in “special disability categories” that is the result of inappropriate identification?

Comments:

Indicator Achieved: Yes / No / Partially (*Circle one*) If state target is not met, response must be “No” or “Partially”.

If no or partially, complete P.I.P. form provided in Appendices

Required Data Sources

1. TDOE Disproportionality Report (Provided by TDOE)

Authority:

Federal - 2004

20USC 1416 (A) (3) (C) AND
20USC 1418 (D)

TN Regs

TN ADV Council – Goal #1

State thresholds are ____ and ____ for 05-06.

If state target is not met, answer the following question and include results in the development of a PIP.

INTERVENTIONS: Is there a disparity between what is being provided to minority students versus what is being provided for non- minority students? Yes ____ / No ____ (If Yes, address in PIP)

EVALUATION: Are different criteria used to evaluate minority students compared to non-minority students?

Yes ____ / No ____ (If Yes, address in PIP.)

PLACEMENT: Is there disparity in placing minority students in self contained classes while allowing non-minority students to be served through resource classes? Yes / No (If Yes, address in PIP.) Are large numbers of non-minority students placed on the regular diploma track while only small numbers of minority students are placed on this track.? Yes / No (If Yes, address in PIP.)

Division Use Only

APR

DISP

#10

Date of Validation: _____ Reviewing Consultant: _____

Additional Info/Comments:

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

LEA _____

School Year Completed _____

DO NOT ANSWER - THIS INFORMATION ANALYZED IN THE SPP/APR FOR TN

PREVIOUS SCHOOL YEAR IS 2005-2006

CURRENT SCHOOL YEAR IS 2006-2007

Priority Area: DISPROPORTIONALITY (DISP)

Analyze the system's ratio of disproportionate representation of racial and ethnic groups identified as "intellectually gifted" that is the result of inappropriate child find and identification. Include the actual ratio in your response

Comments: When requested, LEAs reply to this area as a separate indicator as TN includes "intellectually gifted" in its exceptionally categories for special education eligibility.

Indicator Achieved: Yes / No / Partially (*Circle one*) If state target is not met, response must be "No" or "Partially".

If no or partially, complete P.I.P. form provided in Appendices

Required Data Sources

1. TDOE Disproportionality Report (Provided by TDOE)

Authority:

Federal - 2004

TN Regs

20USC 1416 (A) (3) (C) AND
20USC 1418 (D)

TN ADV Council – Goal #1

State Ratios/Threshold are _____ and _____ for 05-06.

If these ratios are not met answer the following question in order to determine improvement needs and strategies.

1. **ASSESSMENT** a. Describe procedures for screening – both grade level and individual for potential placement in gifted programs.
b. Describe comprehensive special education as well as general education evaluations for giftedness.
2. Describe alternative assessment procedures for placement in special education as well as general education gifted programs.
3. Discuss numbers of students eligible (evaluated and placed) for gifted education services in special education as well as general education programs.
4. How many students are receiving gifted services through special education programs and through general education programs?

Division Use Only

APR

DISP

#10a

Date of Validation: _____

Reviewing Consultant: _____

Additional Info/Comments:

EFFECTIVE GENERAL SUPERVISION



EGS

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

LEA _____

School Year Completed _____

PREVIOUS SCHOOL YEAR IS 2005-2006

CURRENT SCHOOL YEAR IS 2006-2007

Priority Area: EFFECTIVE GENERAL SUPERVISION/CHILD FIND (EGS/CF)

What is the percent of children, with parental consent to evaluate, who were evaluated and eligibility determined within 40 school days?

% = $\frac{\text{Total eligible \& ineligible completed within 40 days}}{\text{Total \# consent received}}$ = _____ %

During the 05-06 school year _____ students were referred for eligibility determination. Of those _____, _____ (_____%%) were completed within 40 school days. _____ were found to be eligible for special education and related services, and _____ students were determined ineligible for services.

Comments: Include the total number of records reviewed as well as the number not meeting the 40 day timeline, if any, in your response.

Indicator Achieved: Yes / No / Partially *(Circle one)* If state target is not met, response must be “No” or “Partially”.

If no or partially, complete P.I.P. form provided in Appendices

Required Data Sources

1. LEA Data on “consent to eligibility determination” (i.e. consent date, elig. mtg date,, eligible Yes / No, 40 days met Yes / No (previous school year)

Authority:

Federal – 2004	TN Regs
20USC 1414 (a) (1)	0520-1-9-.05
20USC 1416 (a) (3) (B)	TN Advisory Council Goal #7

State Target = 100%

If this target is not met, a PIP should be written. Include reference to the following information in writing the PIP.

1. Identify reasons that your system is not meeting 40 day timelines for evaluations and eligibility determinations.
2. What can be done to remedy this problem?

Division Use Only	SPP/ APR	EGS/CF #11
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Date of Validation: _____ Reviewing Consultant: _____

Additional Info/Comments:

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

LEA _____

School Year Completed _____

PREVIOUS SCHOOL YEAR IS 2005-2006

CURRENT SCHOOL YEAR IS 2006-2007

Priority Area: EFFECTIVE GENERAL SUPERVISION/CHILD FIND (EGS/CF)

Do children receive timely reevaluations within 3 years of previous eligibility determination?

Indicator Achieved: Yes / No / Partially (*Circle one*) If state target is not met, response must be "No" or "Partially".

If no or partially, complete P.I.P. form provided in Appendices

Required Data Sources

1. Easy IEP Compliance Summary Report (run once monthly from October to February).

Authority:

Federal – 2004	TN Regs
20USC 1414 (a) (2) (B)	0520-1-9-.02, .03, .05
	TN Advisory Council – Goal #7

State Target = 100%

If this target is not met, a PIP should be written. Include reference to the following information in writing the PIP.

1. Identify reasons that your system is not meeting the 3 year reevaluation timelines for eligibility determination.
2. What can be done to remedy this problem?

Division Use Only

Not Direct SPP / APR

EGS/CF #11a

Date of Validation: _____ Reviewing Consultant:: _____

Additional Info/Comments:

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

LEA _____

School Year Completed _____

PREVIOUS SCHOOL YEAR IS 2005-2006

CURRENT SCHOOL YEAR IS 2006-2007

Priority Area: **EFFECTIVE GENERAL SUPERVISION/CHILD FIND (EGS/CF)**

Do student record reviews support compliance with federal and state requirements for IEPs, evaluations and eligibility procedures?

Indicator Achieved: Yes / No / Partially (Circle one) If state target is not met, response must be "No" or "Partially".

If no or partially, complete P.I.P. form provided in Appendices

Required Data Sources

1. TDOE Tally Forms A4a, A5a (completed by TDOE)
2. Five IEPs previous year exited seniors (should include Summary of Performance and Exit IEP meeting Documentation, change of placement documented on Prior Written Notice Form)

Authority:

Federal - 2004	TN Regs
USC1400 (c)(5)(E)	0520-1-9-.03 TCA 49-6-3004 TN Advisory Council – Goal #7

A PIP will be required for all items identified through student record reviews that have 10% or more minus rates.

Division Use Only

Not Direct APR

EGS/CF #11b

Date of Validation: _____ Reviewing Consultant _____

Additional Info/Comments:

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

LEA _____

School Year Completed _____

PREVIOUS SCHOOL YEAR IS 2005-2006

CURRENT SCHOOL YEAR IS 2006-2007

Priority Area: EFFECTIVE GENERAL SUPERVISION/CHILD FIND (EGS/CF)	
Are efforts for "child find," "evaluation," and "provision of services" coordinated?	
Indicator Achieved: Yes / No / Partially <i>(Circle one)</i> If state target is not met, response must be "No" or "Partially".	
If no or partially, complete P.I.P. form provided in Appendices.	
Required Data Sources	
1. Contracts (for services to students served outside the LEA) 2. Contact (a meeting)with private school officials and parents of parentally placed private school and home schooled children. (Contact should include: explanation of child find process, determination of proportionate amount available for special education services, types of services provided, and signed affirmation of this consultation). 3. End of Year Report (Table 3, Section I) "Child Find Summary" 4. Sample copy of media announcement, flyer, or brochure utilized for child find. and distribution list for these items.	5. "Failed" Screenings Follow Up Documentation (Vision/hearing) 6. System Report Card – Demographics Page (If over 18% or under 12% special education population explain in response.) 7. Procedures for adoption of transfer student IEPs & Eligibility. 8. Records transmittal Procedure (sending and requesting)
Federal - 2004	TN Regs
20USC1412(a)(3)(A) 20USC1412(a)(A)(ii) "No" Child Left Behind" Act of 2002	0520-1-9-.02 0520-1-9-.03 0520-1-9-.04 0520-1-9-.05 0520-1-9-.08 (2)(a) TN Advisory Council - "ALL Goals"
No State Target	
Division Use Only	Not Direct SPP / APR
EGS/CF #11c	
Date of Validation: _____ Reviewing Consultant _____	
Additional Info/Comments:	

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

LEA _____

School Year Completed _____

PREVIOUS SCHOOL YEAR IS 2005-2006

CURRENT SCHOOL YEAR IS 2006-2007

Priority Area: EFFECTIVE GENERAL SUPERVISION/EFFECTIVE TRANSITION (EGS/ET)

What is the percent of children referred by Part C prior to age 3 and found eligible for Part B who have an IEP developed by their third birthday?

Indicator Achieved: Yes / No / Partially *(Circle one)* If state target is not met, response must be "No" or "Partially".

If no or partially, complete P.I.P. form provided in Appendices

Required Data Sources

1. End of Year Table 3, Section 2 (percentage in box)

Authority:

Federal - 2004	TN Regs
20USC 1416 (a) (3) (b) 20USC 1437 (a) (9)	0520-1-9-.03 0520-1-9-.08 TN Advisory Council – Goal # 1

State Target 100%

If this target is not met, a PIP should be written. Include reference to the following information in writing the PIP.

1. Explain why students referred and found to be eligible did not have an IEP written and signed by their 3rd birthday.
2. What steps can the system take to increase the percentage of students being served by their 3rd birthday?

Division Use Only	SPP / APR	EGS/ET	#12
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Date of Validation: _____ Reviewing Consultant: _____

Additional Info/Comments:

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

LEA _____

School Year Completed _____

PREVIOUS SCHOOL YEAR IS 2005-2006

CURRENT SCHOOL YEAR IS 2006-2007

Priority Area: EFFECTIVE GENERAL SUPERVISION/EFFECTIVE TRANSITION (EGS/ET)

What is the percent of youth age 16 and above with an IEP that includes appropriate, measurable post-secondary goals and transition services that will reasonably enable the student to meet post secondary goals?

Comments: Each teacher of students 16 and older review two plans

Indicator Achieved: Yes / No / Partially *(Circle one)* If state target is not met, response must be "No" or "Partially".

If no or partially, complete P.I.P. form provided in Appendices

Required Data Sources

1. High School Transition Plan Checklist Tally A6a
(completed by LEA)

Authority:

Federal – 2004	TN Regs
20USC 1416 (a) (3) (B) and 20USC 1402 (34)	0520-1-9-.11 TN Advisory Council – Goal #2

State Target = 100%

If this target is not met, a PIP should be written. Include reference to the following information in writing the PIP.

1. What areas of transition provide the most need for training in your system?
2. Who could best provide training in these areas for your system? (i.e. local staffer outside trainers)
3. How can students in your system be better prepared for employment or post-secondary schooling in the future?

Division Use Only	SPP / APR	EGS/ET	#13
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Date of Validation: _____ Reviewing Consultant: _____

Additional Info/Comments:

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

LEA _____

School Year Completed _____

PREVIOUS SCHOOL YEAR IS 2005-2006

CURRENT SCHOOL YEAR IS 2006-2007

Priority Area: **EFFECTIVE GENERAL SUPERVISION/EFFECTIVE TRANSITION (EGS/ET)**

DO NOT ANSWER IN YEAR #1

PROVIDE RESPONSE IN YEAR 2 AND YEAR 3 OF CYCLE, REFER TO RESULTS OF SURVEY IN THE RESPONSE

What is the percent of youth who had IEPs, and are no longer in secondary school A.) who have been competitively employed, B.)enrolled in some type of post secondary school, or C.) both, within one year of leaving high school? Please give percentages for each a, b, & c.

Indicator Achieved: Yes / No / Partially *(Circle one)* If state target is not met, response must be "No" or "Partially".

If no or partially, complete P.I.P. form provided in Appendices

Required Data Sources

PROVIDE IN YEAR TWO

1. TDOE Data Sheet - Post School Follow Up Survey Tally Sheet A7b

Authority:

Federal - 2004	TN Regs
20USC 1416 (a) (4) and 20USC 1416 (a) (2) (A)	0520-1-9-.11 TN Advisory Council – Goals #1 & #2

(State Target = NA %)

If this target is not met, a PIP should be written. Include reference to the following information in writing the PIP.

1. Per the survey, was a relationship found between transition planning and post-secondary activities? If no, please explain.
2. Were students assisted by linking them to any needed post-school adult services, supports or programs? If no, please explain.
3. How will the results of this survey be used to influence future transition planning?

Division Use Only	SPP /APR	EGS/ET	#14
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Date of Validation: _____ Reviewing Consultant: _____

Additional Info/Comments:



“Appendices”

of the Self Assessment



Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

APPENDICES:

- A1 Program Improvement Plan (P.I.P.) Form
- A2 Parent Survey
- A2a Parent Survey Tally Sheet
- A3 Facilities / Accessibility Checklist
- A4 DRS Disability Reference Sheet (DRS)
- A4 Evaluation and Procedural Safeguards Data Form
- A4a Evaluation and Procedural Safeguards Tally Form
- A5 IEP Data Form
- A5a IEP Data Tally Form
- A5b LEA List of Student Records Reviewed
- A6 High School Transition Requirement Checklist
- A6a High School Transition Requirement Checklist Tally
- A7 Post School Follow Up Survey Instructions
- A7a Post School Follow Up Survey
- A7b Post School Follow Up Survey Tally Sheet
- A8 Local Steering Committee
- A9 Exit Conference Agenda Year #1
- A10 Reunion Steering Committee Meeting Agenda Year #3

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

Program Improvement Plan (P.I.P.)

A1

LEA _____

A. Monitoring Priority: FLRE, DISP, EGS
(Please circle one)

Page # _____

B. Targets (Number each and give timelines)

TDOE USE ONLY

Date Reviewed _____ By _____ Status _____

Date Reviewed _____ By _____ Status _____

Date Reviewed _____ By _____ Status _____

Date Reviewed _____ By _____ Status _____

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

PARENT SURVEY 2006-2007
(FLRE #8)

A2

School System _____ Date Completed _____

School _____

PARENTS: This is survey for parents of students receiving special education services. Your responses will help guide efforts to improve services and results for children and families. For each statement below, please select the most appropriate response, You may skip any item that you feel does not apply to you or your child.

School's Efforts to Partner with Parents

	Agree	Partially Agree	Disagree	Partially Disagree
1. I am considered an equal partner with teachers and other professionals in planning my child's program.				
2. I was offered special assistance (such as child care) so that I could participate in the Individualized Educational Program (IEP) meeting.				
3. At the IEP meeting, we discussed how my child would participate in statewide assessments.				
4. At the IEP meeting, we discussed accommodations and modifications that my child would need.				
5. All of my concerns and recommendations were documented on the IEP.				
6. Written justification was given for the extent that my child would not receive services in the regular classroom.				
7. I was given information about organizations that offer support for parents of students with disabilities.				
8. I have been asked for my opinion about how well special education services are meeting my child's needs.				
9. My child's evaluation report is written in terms I understand.				
10. Written information I receive is written in an understandable way.				
11. Teachers are available to speak with me.				
12. Teachers treat me as a team member.				

Teachers and Administrators

13. seek out parent input.				
14. show sensitivity to the needs of students with disabilities and their families.				
15. encourage me to participate in the decision-making process.				
16. respect my cultural heritage.				
17. ensure that I have fully understood the Procedural Safeguards [the rules in federal law that protect the rights of parents].				

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

<div style="border: 1px solid black; display: inline-block; padding: 2px 5px;">A2</div>				
The School				
	Agree	Partially Agree	Disagree	Partially Disagree
18. has a person on staff who is available to answer parents' questions.				
19. communicates regularly with me regarding my child's progress on IEP goals.				
20. gives me choices with regard to services that address my child's needs.				
21. offers parents training about special education issues.				
22. offers parents a variety of ways to communicate with teachers.				
23. gives parents the help they may need to play an active role in their child's education.				
24. provides information on agencies that can assist my child in the transition from school.				
25. explains what options parents have if they disagree with a decision of the school.				

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

PARENT SURVEY TALLY
(FLRE #8)

A2a

School System _____ Date Completed _____

Total Surveys Sent _____ Total Surveys Returned _____ Total Percentage Returned _____

INSTRUCTIONS: If the Grand total “agree” response on the last page is 90% or above, the state target has been met and No PIP will be required. If the Grand Total is less than 90% “agree” the state target has not been met and PIP should be written. The subject matter of the individual survey questions below 90% “agree” will be used as targets in the PIP.

School's Efforts to Partner with Parents

	Agree / Partially	Disagree / Partially	Total Responses
1. I am considered an equal partner with teachers and other professionals in planning my child's program.	# _____ % _____	# _____ % _____	# _____
2. I was offered special assistance (such as child care) so that I could participate in the Individualized Educational Program (IEP) meeting.	# _____ % _____	# _____ % _____	# _____
3. At the IEP meeting, we discussed how my child would participate in statewide assessments.	# _____ % _____	# _____ % _____	# _____
4. At the IEP meeting, we discussed accommodations and modifications that my child would need.	# _____ % _____	# _____ % _____	# _____
5. All of my concerns and recommendations were documented on the IEP.	# _____ % _____	# _____ % _____	# _____
6. Written justification was given for the extent that my child would not receive services in the regular classroom.	# _____ % _____	# _____ % _____	# _____
7. I was given information about organizations that offer support for parents of students with disabilities.	# _____ % _____	# _____ % _____	# _____

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

PARENT SURVEY TALLY (FLRE #8)

A2a

School System _____ Date Completed _____

School's Efforts to Partner with Parents

	Agree / Partially	Disagree / Partially	Total Responses
8. I have been asked for my opinion about how well special education services are meeting my child's needs.	# _____ % _____	# _____ % _____	# _____
9. My child's evaluation report is written in terms I understand.	# _____ % _____	# _____ % _____	# _____
10. Written information I receive is written in an understandable way.	# _____ % _____	# _____ % _____	# _____
11. Teachers are available to speak with me.	# _____ % _____	# _____ % _____	# _____
12. Teachers treat me as a team member.	# _____ % _____	# _____ % _____	# _____

Teachers and Administrators

13. seek out parent input.	# _____ % _____	# _____ % _____	# _____
14. show sensitivity to the needs of students with disabilities and their families.	# _____ % _____	# _____ % _____	# _____
15. encourage me to participate in the decision-making process.	# _____ % _____	# _____ % _____	# _____
16. respect my cultural heritage.	# _____ % _____	# _____ % _____	# _____
17. ensure that I have fully understood the Procedural Safeguards [the rules in federal law that protect the rights of parents].	# _____ % _____	# _____ % _____	# _____

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

PARENT SURVEY TALLY (FLRE #8)

A2a

School System _____ Date Completed _____
Quality of Services

The School			
	Agree / Partially	Disagree / Partially	Total Responses
18. has a person on staff who is available to answer parents' questions.	# _____ % _____	# _____ % _____	# _____
19. communicates regularly with me regarding my child's progress on IEP goals.	# _____ % _____	# _____ % _____	# _____
20. gives me choices with regard to services that address my child's needs.	# _____ % _____	# _____ % _____	# _____
21. offers parents training about special education issues.	# _____ % _____	# _____ % _____	# _____
22. offers parents a variety of ways to communicate with teachers.	# _____ % _____	# _____ % _____	# _____
23. gives parents the help they may need to play an active role in their child's education.	# _____ % _____	# _____ % _____	# _____
24. provides information on agencies that can assist my child in the transition from school.	# _____ % _____	# _____ % _____	# _____
25. explains what options parents have if they disagree with a decision of the school.	# _____ % _____	# _____ % _____	# _____
GRAND TOTALS (1-25)	# _____ % _____	# _____ % _____	# _____

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

FACILITIES/ACCESSIBILITY CHECKLIST

FLRE #8a

A3

Page 1 of

Reply with Yes, No, or NA. Justify all "No's" in the indicator response or write a Program Improvement Plan (PIP).

<i>School</i>	<i>ADA</i> <i>Parking Spaces Provided & Marked (i.e. sign)</i>	<i>ADA</i> <i>Building Access Obvious</i>	<i>ADA</i> <i>Curb Cuts Available (where needed)</i>	<i>ADA</i> <i>Ramps/ Elevators Provided (where needed)</i>	<i>ADA</i> <i>Water- fountain Accessible</i>	<i>ADA</i> <i>Restroom Accessible</i>	<i>FYI</i> <i>Physically Disabled Students Present</i>	<i>IDEA</i> <i>Appropriate Areas Accessible (Libraries, Cafeteria, gym)</i>	<i>IDEA</i> <i>Sp. Ed. Classrooms Comparable</i>	<i>Comments</i>

School System: _____ Reviewer: _____ Date: _____

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

INSTRUCTIONS FOR EVALUATION / PROCEDURAL SAFEGUARDS And IEP DATA SHEETS

Comprehensive student file reviews should be completed and submitted to the Tennessee Department of Special Education during your system's self assessment. This should be a representative sample of student records by disability, grade level, school and special education teacher or related service provider. The most practical way to ensure this representative sample is to request the review of two records from each special education teacher or service provider.

Complete the *Evaluation & Procedural Safeguards Data Sheet (A4)* and *Individualized Educational Program Data Sheet (A5)* for each student file reviewed. Each line is scored with a plus (+), minus (-), or NA. An explanation of each minus should be provided in the comments section of the appropriate line.

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

Disability Reference Sheet

A4 DRS

(Use with Student Record Review form A4)

Effective After July 1, 2002

Effective After July 1, 2002

LEA _____ School: _____ Student: _____

Autism	Evaluation shall include:
--------	---------------------------

- 1) Parent Interview / includes developmental history _____
- 2) Behavioral Observations – 2 settings _____
- 3) Phys & Neuro Information from a licensed physician, pediatrician or neurologist. _____
- 4) Evaluation of speech / language, communication, cognitive, developmental, adaptive behavior and social skills. _____
- 5) Documentation of how autism spectrum disorder adversely affects educational performance in the general education classrooms. _____

Deaf Blindness	Evaluation shall include:
----------------	---------------------------

- 1) Procedures for hearing impairment / deafness & visual impairment/Blindness. _____
- 2) Evaluation of suspected degenerative condition which leads to deaf/blindness shall include: _____
 - Medical statement _____
 - Procedures for hearing, impairment/deafness & visual impairment/blindness _____
- 3) Evaluation of deaf – blindness shall include _____
 - Eye exam by ophthalmologist or optometrist _____
 - Functional vision and media assessment _____
 - Audiological assessment _____
 - Documented observation of auditory functioning _____
 - Speech/language assessment (includes mode of communication) _____
 - Developmental & academic functioning assessment _____
 - Document of how deaf blindness adversely affects educational performance in the general education classroom. _____

Deafness	Evaluation shall include:
----------	---------------------------

- 1) Audiological evaluation _____
- 2) Speech/Language performance evaluation _____
- 3) School history & levels of educational performance _____
- 4) Observation of classroom performance _____
- 5) Documentation of how deafness adversely affects educational performance in the general education classroom. _____

Developmental Delay	Evaluation shall include:
---------------------	---------------------------

- 1) Documentation of identifiable atypical development _____
- 2) Individually administered measurement of developmental skills _____
- 3) For eligibility past 7th birthday, a comprehensive psycho-education a/ evaluation _____
- 4) Observation of developmental strengths and needs _____
- 5) Observation in a natural environment (i.e. school, childcare settings, home, community) to document delayed or atypical development. _____
- 6) Parent interview to confirm strengths and needs _____
- 7) Review of existing records _____
- 8) Documentation of how Developmental Delay adversely affects the educational performance in the general education classroom _____

Emotional Disturbance	Evaluation shall include:
-----------------------	---------------------------

- 1) Ruling out visual or auditory deficits as cause of atypical behavior _____
- 2) Ruling out physical conditions as cause of atypical behavior _____
- 3) Behavior data, include previous interventions _____
- 4) Observations – direct and anecdotal by three(3) professionals _____
- 5) Psycho educational assessment (intelligence, behavior, personality) _____
- 6) Individual education assessment (criterion or norm reformed) _____
- 7) Review of past educational performance _____
- 8) Comprehensive social history from parent/guardian _____
- 9) Documentation of how emotional disturbance adversely affects educational performance in the general education classroom _____

All categories must include documented parental input, current classroom based assessment and current classroom based observations.

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

LEA: _____	School: _____	Student: _____
Functionally Delayed	Evaluation shall include:	

A4 DRS

- 1) Intellectual function (2 or more standard deviations below the mean) _____
- 2) Academic Achievement at or below 4th percentile in two or more of the following areas: basic reading, reading comprehension, math calculation, math reasoning, written expression. _____
- 3) Home or school adaptive behavior (if the MR level, will not qualify) _____
- 4) Documentation of adverse effect of FD on educational performance in effect general education classroom _____

Hearing Impairment	Evaluation shall include:
---------------------------	----------------------------------

- 1) Have at least one of the following characteristics: inability to communicate effectively, impaired academic performance, delayed speech and/or language development _____
- 2) Audiological evaluation _____
- 3) Speech/language assessment _____
- 4) School history and levels of educational performance _____
- 5) Observation of classroom performance _____
- 6) Documentation of how hearing impairment adversely affects educational performance in general education classroom _____

Intellectually Gifted	Evaluation shall include:
------------------------------	----------------------------------

- 1) Systematic child find and individual screening in the areas of academic performance, creative thinking and academic achievement if needed _____
- 2) Team review of individual screening results _____
- 3) Referral for individual comprehensive assessment based on individual screening information and shall include: evaluation of intellectual ability, academic performance, creative thinking and achievement _____
- 4) Evaluation procedures shall be completed in all four component areas. _____
- 5) Documentation of how IG adversely affects educational performance in the general education classroom _____

<u>Mental Retardation</u>	<i>Evaluation shall include:</i>
----------------------------------	---

- 1) Intellectual functioning (must be two or more standard deviations below the mean). _____
- 2) Adaptive behavior in the home or community (must be two(2) standard deviations below the mean). _____
- 3) Adaptive behavior in the school (by systematic observation and any individualized instrument when appropriate). _____
- 4) Norm or Criterion referenced measure of academic achievement. _____
- 5) Relevant Observation(s). _____
- 6) Developmental history indicating delays (birth to age 18). _____
- 7) Documentation of how MR adversely affect educational performance in the general education classroom.

Multiple Disabilities

Evaluation shall include:

- 1) Procedures for each suspected disability and meet standards for two or more. _____
- (Unable to benefit from services and supports designed for only one of the disabilities) _____

<i>Orthopedic / Physical Impairment</i>	<i>Evaluation shall include:</i>
--	---

- 1) Medical evaluation by licensed physician _____
- 2) Social and physical adaptive behaviors (related to orthopedic impairment) _____
- 3) Observations of classroom performance _____
- 4) Documentation of how O.I. adversely affects educational performance in general education classroom. _____

Other Health Impairments	Evaluation shall include:
---------------------------------	----------------------------------

- 1) Medical evaluation from a licensed physician _____
- 2) Comprehensive developmental or educational assessment (which assess the following: pre-academic or academic functioning, adaptive behavior, social/emotional development, motor or communication skills.) _____
- 3) When assessment indicates significant deficits in cognitive/academic functioning, psycho-educational evaluation should be considered _____
- 4) Documentation of how OHI adversely affects the educational performance in general classroom. _____ Disability Reference Sheet

*** All categories must include documented parental input, current classroom based assessment and current classroom based observations.**

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

(Use with Student Record Review form A4)

A4 DRS

Effective After July 1, 2002

Effective After July 1, 2002

LEA _____	School: _____	Student: _____
Specific Learning Disabilities		Evaluation shall include:

- 1) Assessment of cognitive ability (IQ) _____
- 2) Assessment of academic achievement _____
- 3) Supportive data in the identified deficit academic area(s) from group or individually administered achievement tests, criterion referenced tests, or curriculum/performance based assessment. _____
- 4) Two valid and reliable measures in the area of the suspected cognitive processing disorder(s). _____
- 5) 2 documented observations, indirect by the child's general education teacher, direct by a professional other than the person providing the indirect observation. _____
- 6) Parent input, and child input as appropriate _____
- 7) Documentation that learning problems are not due to: lack of instruction in reading and math; limited English proficiency; visual, hearing or motor impairment; mental retardation; emotional disturbance; environmental, cultural or economic disadvantage; motivational factors or situational traumas _____
- 8) Documentation of how SLD adversely affects educational performance in general education classroom. _____

Note: There should be a discrepancy between educational performance and predicted achievement based on the best measure of cognitive ability defined by at least 1.5 Standard Error of the Estimate Units (SEe's) when utilizing regression-based discrepancy analyses.. or documentation of RIT – systems using RIT will have (approved) and on file.

Speech / Language Impairment	Evaluation shall include
------------------------------	--------------------------

- Speech/Language impairment shall be determined through the demonstrations of impairments in the areas of language, articulation, voice, and fluency
- 1) Language impairment – A significant deficiency which is not consistent with the student's chronological age in one or more of the following areas:
 - a. deficiency in receptive language skills to gain information: _____
 - b. a deficiency in expressive language skills to communicate information _____
 - c. a deficiency in processing (auditory perception) skills to organize information _____
 - 2) Speech Impairment
 - a. Articulation Impairment – significant deficiency in ability to produce sounds in conversational speech which is not consistent with chronological age. _____
 - b. Voice Impairment – an excess or significant deficiency in pitch, intensity, or quality resulting from pathological conditions or inappropriate use of the vocal mechanism. _____
 - c. Fluency Impairment – Abnormal interruption the flow of speech by repetitions or prolongations of a sound, syllable, or by avoidance and struggle behaviors. _____
 - 3) The characteristics as defined above are present and cause an adverse effect on educational performance in the general education classroom or learning environment. _____
 - 4) Speech/language deficiencies identified cannot be attributed to characteristics of second language acquisitions and /or dialectical differences.

<u>Traumatic Brain Injury</u>	Evaluation shall include:
--------------------------------------	---------------------------

- 1) Appropriate medical statement from a licensed physician _____
- 2) Parent/caregiver interview _____
- 3) Educational history and current levels of performance _____
- 4) Functional assessment of cognitive/communicative abilities _____
- 5) Social adaptive behaviors which relates to TBI _____
- 6) Physical adaptive behaviors which relates to TBI _____
- 7) Documentation of how TBI adversely affects educational performance in the general education classroom. _____

<u>Visual Impairment</u>	Evaluation shall include:
---------------------------------	---------------------------

- 1) Ophthalmologist or optometrist exam documenting eye condition with the best possible correction. _____
- 2) Written functional vision and media assessment which includes:
 - Observation of visual behaviors at school, home, etc. _____
 - Educational implications of eye condition _____
 - Assessment and/or screening of expanded core curriculum skills _____
 - School history and levels of educational performance _____
 - Documentation of how VI adversely affects the educational performance in the general education classroom _____

*** All categories must include documented parental input, current classroom based assessment and current classroom based observations.**

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)
EVALUATION & PROCEDURAL SAFEGUARDS
DATA SYSTEM *FORM* (ties to EGS #11b)

A4

Completed by _____

School System _____

School _____

Student _____

Grade _____ Date _____

		LEA Only	TDOE Only	COMMENTS (Required for each minus)
A.	EVALUATION DATA - Eligibility Report	+/- NA	+/- NA	
1	Record Access available			
2	Current Eligibility Report - Date: _____			
3	Primary Disability Stated : _____			
4	Ruled out Lack of: Reading / Math / LEP			
5	Educ. Relevant medical findings reported			
6	Eval. Results documented w/documentation attached			
7	All those involved in assessment (2+)			
8	Student's disability adversely affects performance			
9	IEP team members signed (3+ professionals)			
10	Parent Received copy of eval. used in this eligibility			
B.	Initial evaluation - Date: _____			
1	Parent input			
2	Current classroom based assessment			
3	Current classroom based observation			
4	Teachers/related service providers observations			
5	Validate disability standards met (see attached A4 DRS)			if (-) what's missing?"
C.	Procedural Safeguards (Initial Evaluation)	XXXXXXXX	XXXXXXXX	
1	Prior Written Notice for assessment Date: _____			
2	Notice and consent for evaluation Date: _____			
3	Consent for initial placement (IEP) Date: _____			
4	Prior Written Notice for placement Date: _____			
5	Verify 40 school days - Consent recv'd to plcmnt (2+3)			
D.	Behavior assessment/Behavior Intervention Plan If needed			

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)
Evaluation & Procedural Safeguards Data Form Page 2

A4

School System _____

School _____

Student _____

Grade _____

Date _____

		LEA Only +/- NA	TDOE Only +/- NA	COMMENTS (Required for each minus)
E.	Re-evaluation Summary Date: _____			
1	Review Previous Data			
2	Current classroom-based assessment			
3	Re-evaluation determination			
	a. No additional assessment required			
	b. Yes, requires additional assessment, if yes, do c.			
	c. Validate disability standards met (see attached A4 DRS)			If (-) what's missing?
4	Current parent input			
5	Current classroom-based observations			
6	Teachers / related service providers observations			
7	Current Re-evaluation within 3 years of previous date.			
F.	Procedural Safeguards (reevaluation)	XXXXXXX	XXXXXXX	
1	Prior Written Notice (PWN)for re-eval. Date: _____			
2	Consent for re-evaluation or doc. of effort.			
3	Prior Written Notice for Change of Placement.			
G.	Invitation to a Meeting (Review an invitation within last year)	XXXXXXXXX	XXXXXXX	
1	Parent invited			
2	Student invited(at age 14 or earlier, if appropriate)			
3	Transition box checked (at 14 or earlier, if appropriate)			
4	Invitation at least 10 days prior to meeting			

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

TALLY FORM

A4a

EVALUATION & PROCEDURAL SAFEGUARDS DATA SYSTEM (ties to EGS #11b)

System/ LEA _____

Completed by _____

Total Files Reviewed by LEA _____

Date _____

Total files Reviewed by TDOE _____ x 10% = _____. Exception Rate (This number of minuses on any line represents an exception and should be addressed in a PIP.)

School _____ (If this is a "School Only" Tally) optional

		Minuses	Total Minuses	PIP Required (Yes or No)
A.	EVALUATION DATA - Eligibility Report			
1	Record Access available			
2	Current Eligibility Report - Date: _____			
3	Primary Disability Stated : _____			
4	Ruled out Lack of: Reading / Math / LEP			
5	Educ. Relevant medical findings reported			
6	Eval. Results documented w/documentation attached			
7	All those involved in assessment (2+)			
8	Student's disability adversely affects performance			
9	IEP team members signed (3+ professionals)			
10	Parent Received copy of eval. used in this eligibility			
B.	Initial evaluation - Date: _____			
1	Parent input			
2	Current classroom based assessment			
3	Current classroom based observation			
4	Teachers/related service providers observations			
5	Validate disability standards met (see attached)			
C.	Procedural Safeguards (Initial Evaluation)	XXXXXXXX	XXXXXXXX	
1	Prior Written Notice for assessment Date: _____			
2	Notice and consent for evaluation Date: _____			
3	Consent for initial placement (IEP) Date: _____			
4	Prior Written Notice for placement Date: _____			
5	Verify 40 school days - Consent recv'd to plcmnt (2+3)			
D.	Behavior assessment/Behavior Intervention Plan If needed			

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

Evaluation & Procedural Safeguards Tally Form Page 2

A4a

School System: _____

		Minuses	Totals Minuses	PIP Required (Yes or No)
E.	Re-evaluation Summary Date: _____			
1	Review Previous Data			
2	Current classroom-based assessment			
3	Re-evaluation determination			
	a. No additional assessment required			
	b. Yes, requires additional assessment, if yes, do c.			
	c. Validate disability standards met (see attached)			
4	Current parent input			
5	Current classroom-based observations			
6	Teachers / related service providers observations			
7	Current Re-evaluation within 3 years of previous date.			
F.	Procedural Safeguards (reevaluation)	XXXXXXXX	XXXXXX	
1	Prior Written Notice (PWN)for re-eval. Date: _____			
2	Consent for re-evaluation or doc. of effort.			
3	Prior Written Notice for Change of Placement.			
G.	Invitation to a Meeting (Review any invitation sent within last year)	XXXXXXXXXX	XXXXXX	
1	Parent invited			
2	Student invited(at age 14 or earlier, if appropriate)			
3	Transition box checked (at 14 or earlier, if appropriate)			
4	Invitation at least 10 days prior to meeting			

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

A5

INDIVIDUAL EDUCATION PROGRAM DATA FORM

(ties to EGS #11b)

Completed by _____

School System _____ School _____

Student _____ Grade _____ Date _____

Date of IEP _____ Current Yes _____ No _____

			+/- / NA LEA Only	+/- / NA TDOE Only	COMMENTS (rqd for each minus)
Pg. 1	1	Student's strengths			
	2	Parent's concerns			
	3	Disability affects			
Pg. 2	1	Area(s) Assessed			
	2	Present levels of performance			
	3	Sources of Information			
	4	Date - Sources of Information			
	5	Exceptional' indicated			
	6	Pre-Vocational/Vocational			
	7	Consideration of Special Factors			
Pg 3	1	Comprehensive Vocational Assessment Administered	NA	NA	
	2	Desired Post School Outcomes (by age 14)	NA	NA	
	3	Transition Service Needs	NA	NA	For High School
	4	Transition Services (by age 16)	NA	NA	Records
	5	Needs: Yes / No	NA	NA	Use form A6
	6	Activities and Strategies	NA	NA	
	7	Agency responsibilities	NA	NA	
	8	Agency Participation and System Contact	NA	NA	
	9	Student pref/interests documented (if not in attendance)	NA	NA	
Pg. 4	1	Area of Need			
	2	Personnel/Position Responsible			
	3	Annual Goal			
	4	Benchmarks/Short-Term Instructional Objectives			
	5	Anticipated Beginning Dates			
	6	Criteria For Mastery / Target %			
	7	Methods of Evaluation			
	8	Actual Date and Results (NA until completed)			
	9	Report of Progress(attached for files rev'd by TDOE)			
	10	Supplemental Aids / Services(for students)			
	11	Program Modifications (for school personnel)			
	12	Date Progress Report sent to Parents(see Note #9)			

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

Individualized Educational Program Data Form

A5

School System _____ School _____

Student _____ Grade _____ Date _____

		LEA Only +/- / NA	TDOE Only +/- / NA	COMMENTS (Required for each minus)
Pg. 5				
	1.	accommodations / modifications		
	2	State/District Mandated Assessments – Participation		
	3	Accommodations for TCAP Assessments		
	4	Participation in TCAP Alt		
	5	Special Education and Related Services	xxxxx	xxxxx
	a.	service code		
	b.	Sessions per week		
	c.	Time per session		
	d.	Hours per week		
	e.	Begin and End Dates		
	f.	Location		
	6	Total Regular Hours per week:		
	7	Total Special Education Hours per week:		
Pg. 6	1	LRE and General education	xxxxx	xxxxx
	a.	will not participate in regular class		
	b.	extra curricular and non-academic activities		
	c.	Home school		
	2	Special transportation was considered		
	3	Extended School Year was considered		Provided: Yes/No
	4	IEP Participants:	xxxxx	xxxxx
	a.	Parent		
	b.	LEA Representative		
	c.	Special Education Teacher of the child		
	d.	Regular Education Teacher of the child		
	e.	Student Involvement by age 14		
	f.	Interpreter of Evaluation Results(if reqd for this meeting)		
	5	Informed Parental Consent		(Incld Lgl Parent Gvn, Permiss. Rgts @ 17.
	6	Date: IEP/Rights given to parents		
	7	Person responsible for giving IEP/Rts to parent		
	8	IEP reviewed by other teachers not in attendance		

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

TALLY FORM

A5a

INDIVIDUAL EDUCATION PROGRAM (ties to Indicator #11b)

System / LEA _____

Total Files Reviewed by LEA _____ Completed by _____

Date _____

Total files Reviewed by TDOE _____ x 10% = _____. Exception Rate: This number of minuses on any line represents an exception and should be addressed in a PIP.

School _____ (If this is a "School Only" Tally)

Pg.	Line	Description	Minuses	Totals Minuses	PIP Required Yes / No
Pg. 1	1	Student's strengths			
	2	Parent's concerns			
	3	Disability affects			
Pg. 2	1	Area(s) Assessed			
	2	Present levels of performance			
	3	Sources of Information			
	4	Date - Sources of Information			
	5	Exceptional' indicated			
	6	Pre-Vocational/Vocational			
	7	Consideration of Special Factors			
Pg 3	1	Comprehensive Vocational Assessment Administered	NA	NA	
	2	Desired Post School Outcomes (by age 14)	NA	NA	
	3	Transition Service Needs	NA	NA	
	4	Transition Services (by age 16)	NA	NA	
	5	Needs: Yes / No	NA	NA	
	6	Activities and Strategies	NA	NA	
	7	Agency responsibilities	NA	NA	
	8	Agency Participation and System Contact	NA	NA	
	9	Student pref/interests documented (if not in attendance)	NA	NA	
Pg. 4	1	Area of Need			
	2	Personnel/Position Responsible			
	3	Annual Goal			
	4	Benchmarks/Short-Term Instructional Objectives			
	5	Anticipated Beginning Dates			
	6	Criteria For Mastery			
	7	Methods of Evaluation			
	8	Actual Date and Results			
	9	Report of Progress			
	10	Supplemental Aids / Services			
	11	Program Modifications for school personnel			
	12	Date Progress Report sent to Parents			

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

Individualized Educational Program Tally Form page 2

A5a

System _____

		Minuses	Total Minuses	PIP Required Yes / No
Pg. 5	1			
	1 accommodations / modifications			
	2 State/District Mandated Assessments – Participation			
	3 Accommodations for TCAP Assessments			
	4 Participation in TCAP Alt			
	5 Special Education and Related Services	xxxxx	xxxxx	
	a. service code			
	b. Sessions per week			
	c. Time per session			
	d. Hours per week			
	e. Begin and End Dates			
	f. Location			
	6 Total Regular Hours per week			
	7 Total Special Education Hours per week			
Pg. 6	1 LRE and General education	xxxxx	xxxxx	
	a. will not participate in regular class			
	b. extra curricular and non-academic activities			
	c. Home school			
	2 Special transportation was considered			
	3 Extended School Year was considered			
	4 IEP Participants:	xxxxx	xxxxx	
	a. Parent			
	b. LEA Representative			
	c. Special Education Teacher of the child			
	d. Regular Education Teacher of the child			
	e. Student Involvement by age 14			
	f. Interpreter of Evaluation Results			
	5 Informed Parental Consent			
	6 Date; IEP/Rights given to parent			
	7 LEA person responsible			
	8 IEP reviewed by other teachers not in attendance			

LEA List of Student Records Reviewed

A5b

School System _____ **School** _____

Categories check one:

[illegible]

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)
HIGH SCHOOL TRANSITION REQUIREMENTS CHECKLIST©

A6

INDIVIDUALS WITH DISABILITIES EDUCATION IMPROVEMENT ACT OF 2004

LEA _____ Student _____ Completed by _____

Directions

Please respond to the following two questions before completing the checklist. If your response is "yes" to either question, complete the checklist.

1. Will this IEP be in effect when the student turns age 16 or older? _____ yes _____ no _____ unable to determine

2. Are transition services determined to be appropriate by the IEP team if the student is younger than age 16?

_____ yes _____ no _____ unable to determine

Demographic Information

Reviewer Initials _____ Region _____ School District _____ Cohort _____

Gender of Student _____ Ethnicity _____ Primary Disability _____ School Year _____

Date of Birth _____ Date of Current IEP Meeting _____ Age at IEP _____ Checklist Review Date _____

(Check only one of the following) Review 1 __ Review 2 __ First Two Letters of Student's Last Name _____

**Invitation and Participation in the IEP Meeting
(Indicator #13)**

Student Invitation and Participation

1. If a purpose of the meeting was the consideration of the postsecondary goals for the student and the transition services needed to assist the student in reaching those goals, did the public agency (school) invite the student?

_____ yes _____ no _____ unable to determine

Comment:

2. Did the student attend the IEP meeting? (Reference: - **Not a requirement.**)

_____ yes _____ no _____ unable to determine

(If yes, go to 4, if no answer question 3.)

Comment:

3. If the student did not attend the IEP meeting, did the public agency take other steps to ensure that the student's strength's, preferences and interests were considered?

_____ yes _____ no _____ unable to determine

Comment:

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

Agency Invitation and Participation

A6

4. Will this student need involvement from any outside agency in order to make a successful transition?

(Reference— **Not a requirement.** Look at desired measurable postsecondary goals, present levels of academic achievement and functional performance and the student's strengths, preferences, and interests and ask yourself: "*For the current IEP year*, will this student need to be linked to post school services, supports, or programs in order to successfully achieve his/her measurable postsecondary goals?" Check N/A if it is too early to determine if this student will require outside agency involvement or not enough information is given in the IEP.)

___yes ___no ___n/a ___ unable to determine

(If yes, go to 5) (If no go to 8) (If n/a go to 8)

Comment:

5. To the extent appropriate, with the consent of the parents or a student who has reached the age of majority, did the public agency invite a representative of any participating agency that is likely to be responsible for providing or paying for transition services?

___yes ___no ___n/a ___ unable to determine

(If no or n/a check 6 n/a)

Comment:

6. Did a participating agency, other than the public agency, fail to provide the transition services described in the IEP?

___yes ___no ___n/a ___ unable to determine

(If no or n/a go to 8)

Comment:

7. Did the public agency reconvene the IEP Team to identify alternative strategies to meet the transition objectives for the student set out in the IEP?

___yes ___no ___ unable to determine

Comment:

Parent Invitation

8. Was a parent notice provided?

___yes ___no ___ unable to determine

(If no, go to 12)

Comment:

9. Does the parent notice indicate that a purpose of the meeting will be the consideration of the postsecondary goals and transition services of the student?

___yes ___no ___ unable to determine

Comment:

10. Does the parent notice indicate that the agency invited the student?

___yes ___no ___ unable to determine

Comment:

11. Does the parent notice identify any other agency that will be invited to send a representative?

___yes ___no ___n/a ___ unable to determine

Comment:

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

A6

Content of the IEP

Present Levels of Academic Achievement and Functional Performance

12. Does the IEP include a statement of the student's present levels of academic achievement and functional performance?

___yes ___no ___unable to determine

Comment:

Transition Services

13. Is a measurable postsecondary goal stated for any of the following areas?

(Check all that apply). ("Yes" means there is a measurable postsecondary goal in the given area and the postsecondary goal can be measured. "No" means there is a postsecondary goal in the area but it cannot be measured. "N/A" means that there is no measurable postsecondary goal for that area.)

A. training ___yes ___no ___n/a ___unable to determine

B. education ___yes ___no ___n/a ___unable to determine

C. employment ___yes ___no ___n/a ___unable to determine

D. where appropriate, independent living skills ___yes ___no ___n/a ___unable to determine

(If yes or no for any area go to 14. If N/A for all areas go to 22)

Comment:

14. For each measurable postsecondary goal, is at least one annual goal listed in the IEP?

___yes ___no ___unable to determine

Comment:

15. For each measurable postsecondary, is there evidence that age-appropriate transition assessments were used in the development of each measurable postsecondary goal?

___yes ___no ___unable to determine

Comment:

16. For each measurable postsecondary goal, is at least one transition service listed for this measurable postsecondary goal? (Check all that apply)

A. instruction? ___yes ___no ___n/a ___unable to determine

B. related services? ___yes ___no ___n/a ___unable to determine

C. community experiences? ___yes ___no ___n/a ___unable to determine

D. employment and other post-school adult living objectives? ___yes ___no ___n/a ___unable to determine

E. when appropriate, acquisition of daily living skills? ___yes ___no ___n/a ___unable to determine

F. when appropriate, functional vocational evaluation? ___yes ___no ___n/a ___unable to determine

Comment:

17. Are the transition services based on the individual student's needs, taking into account the student's strengths, preferences, and interests?

___yes ___no ___unable to determine

Comment:

EGS #13

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

A6

18. Are the transition services designed within a results-oriented process that is focused on improving the academic and functional achievement of the student with a disability to facilitate the student's movement from school to post-school activities?
___yes ___no ___unable to determine

Comment:

19. For the measurable postsecondary goal(s), is there evidence of coordination between the LEA and other postsecondary services?
___yes ___no ___n/a ___unable to determine

Comment:

20. Is a course of study that is aligned to the student's measurable postsecondary goals indicated and included in the IEP?
___yes ___no ___unable to determine

Comment:

21. Overall, does the IEP include coordinated, measurable annual IEP goals and transition services that will reasonably enable the student to meet their postsecondary goals?

___yes ___no ___unable to determine

Comment:

Transfer of Rights at Age Of Majority

22. Beginning not later than one year before the student reaches the age of majority under State law, does the IEP include a statement that the student has been informed of the student's rights under Part B of the Act, if any, that will transfer to the student on reaching the age of majority?

___yes ___no ___n/a ___unable to determine

Comment:

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

A6

Summary of Performance (Indicator #11B)

Summary of Performance

23. For the current school year, will the student terminate eligibility by graduating from secondary school with a regular diploma or exceed the age eligibility for a free and appropriate public education under State law?

Comment:

___yes ___no ___ unable to determine
[If yes, answer question 24. **If no, stop**]

24. Has the public agency developed and provided the student with a summary of academic achievement and functional performance including recommendations to assist the student in meeting the student's postsecondary goals?

Comment:

___yes ___no ___n/a ___ unable to determine
(not yet developed, but will be developed when due)
[If yes, answer questions 25 & 26.]

25. Does the summary of performance provide the student with a summary of his/her academic achievement and functional performance?

Comment:

___yes ___no ___n/a ___ unable to determine

26. Does the summary of performance include recommendations on how to assist the student in meeting his/her postsecondary goals?

Comment:

___yes ___no ___n/a ___ unable to determine

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)
HIGH SCHOOL TRANSITION REQUIREMENTS TALLY FORM

A6a

INDIVIDUALS WITH DISABILITIES EDUCATION IMPROVEMENT ACT OF 2004

SYSTEM / LEA _____ TOTAL PLANS REVIEWED _____

Any question with a ____% minus rate requires inclusion in a PIP.

LEA Totals

1. Will this IEP be in effect when the student turns age 16 or older? ____ yes ____ no ____ unable to determine
2. Are transition services determined to be appropriate by the IEP team if the student is younger than age 16?

LEA Totals

____ yes ____ no ____ unable to determine

Invitation and Participation in the IEP Meeting

Student Invitation and Participation

1. If a purpose of the meeting was the consideration of the postsecondary goals for the student and the transition services needed to assist the student in reaching those goals, did the public agency (school) invite the student?
2. Comment:

LEA Totals

____ yes ____ no ____ unable to determine

2. Did the student attend the IEP meeting? (Reference: - **Not a requirement.**)

LEA Totals

(If yes, go to 4, if no answer question 3.)
Comment:

____ yes ____ no ____ unable to determine

3. If the student did not attend the IEP meeting, did the public agency take other steps to ensure that the student's strength's, preferences and interests were considered?

LEA Totals

Comment:

____ yes ____ no ____ unable to determine

Agency Invitation and Participation

4. Will this student need involvement from any outside agency in order to make a successful transition?

(Reference — **Not a requirement.** Look at desired measurable postsecondary goals, present levels of academic achievement and functional performance and the student's strengths, preferences, and interests and ask yourself: "For the current IEP year, will this student need to be linked to post school services, supports, or programs in order to successfully achieve his/her measurable postsecondary goals?" Check N/A if it is too early to determine if this student will require outside agency involvement.)

LEA Totals

(If yes, go to 5) (If no or n/a go to 8)
Comment:

____ yes ____ no ____ n/a ____ unable to determine

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

A6a

5. To the extent appropriate, with the consent of the parents or a student who has reached the age of majority, did the public agency invite a representative of any participating agency that is likely to be responsible for providing or paying for transition services?

Comment:

LEA Totals

(If no check 6 n/a)

___yes ___no ___n/a ___unable to determine

6. Did a participating agency, other than the public agency, fail to provide the transition services described in the IEP?

LEA Totals

(If no or n/a, go to 8)

Comment:

___yes ___no ___n/a ___unable to determine

7. Did the public agency reconvene the IEP Team to identify alternative strategies to meet the transition objectives for the student set out in the IEP?

LEA Totals

Comment:

___yes ___no ___unable to determine

Parent Invitation

8. Was a parent notice provided? (If no, go to 12)

Comment:

LEA Totals

___yes ___no ___unable to determine

9. Does the parent notice indicate that a purpose of the meeting will be the consideration of the postsecondary goals and transition services of the student?

LEA Totals

Comment:

___yes ___no ___unable to determine

10. Does the parent notice indicate that the agency invited the student?

Comment:

LEA Totals

___yes ___no ___unable to determine

11. Does the parent notice identify any other agency that will be invited to send a representative?

Comment:

LEA Totals

___yes ___no ___n/a ___unable to determine

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

A6a

Content of the IEP

Present Levels of Academic Achievement and Functional Performance

12. Does the IEP include a statement of the student's present levels of academic achievement and functional performance?

Comment:

LEA Totals

___yes ___no ___unable to determine

Transition Services

13. Is a measurable postsecondary goal stated for any of the following areas?

(Check all that apply). ("Yes" means there is a measurable postsecondary goal in the given area and the postsecondary goal can be measured. "No" means there is a postsecondary goal in the area but it cannot be measured. "N/A" means that there is no measurable postsecondary goal for that area.)

LEA Totals

A. training	___yes ___no ___n/a ___unable to determine
B. education	___yes ___no ___n/a ___unable to determine
C. employment	___yes ___no ___n/a ___unable to determine
D. where appropriate, independent living skills	___yes ___no ___n/a ___unable to determine

(If yes or no for any area go to 14. **If N/A for all areas go to 22**)

Comment:

14. For each measurable postsecondary goal, is at least one annual goal listed in the IEP?

Comment:

LEA Totals

___yes ___no ___unable to determine

15. For each measurable postsecondary, is there evidence that age-appropriate transition assessments were used in the development of each measurable postsecondary goal?

Comment:

LEA Totals

___yes ___no ___unable to determine

16. For each measurable postsecondary goal, is at least one transition service listed for this measurable postsecondary goal?

(Check all that apply)

LEA Totals

A. instruction?	___yes ___no ___n/a ___unable to determine
B. related services?	___yes ___no ___n/a ___unable to determine
C. community experiences?	___yes ___no ___n/a ___unable to determine
D. employment and other post-school adult living objectives?	___yes ___no ___n/a ___unable to determine
E. when appropriate, acquisition of daily living skills?	___yes ___no ___n/a ___unable to determine
F. when appropriate, functional vocational evaluation?	___yes ___no ___n/a ___unable to determine

Comment:

17. Are the transition services based on the individual student's needs, taking into accounts the student's strengths, preferences, and interests?

LEA Totals

Comment:

___yes ___no ___unable to determine

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

A6a

18. Are the transition services designed within a results-oriented process that is focused on improving the academic and functional achievement of the student with a disability to facilitate the student's movement from school to post-school activities?

Comment:

LEA Totals

___yes ___no ___unable to determine

19. For the measurable postsecondary goal(s), is there evidence of coordination between the LEA and other postsecondary services?

LEA Totals

Comment:

___yes ___no ___n/a ___unable to determine

20. Is a course of study that is aligned to the student's measurable postsecondary goals indicated and included in the IEP?

LEA Totals

Comment:

___yes ___no ___unable to determine

21. Overall, does the IEP include coordinated, measurable annual IEP goals and transition services that will reasonably enable the student to meet their postsecondary goals?

LEA Totals

Comment:

___yes ___no ___unable to determine

Transfer of Rights at Age Of Majority

22. Beginning not later than one year before the student reaches the age of majority under State law, does the IEP include a statement that the student has been informed of the student's rights under Part B of the Act, if any, that will transfer to the student on reaching the age of majority?

LEA Totals

Comment:

___yes ___no ___n/a ___unable to determine

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

A6a

Summary of Performance

23. For the current school year, will the student terminate eligibility by graduating from secondary school with a regular diploma or exceed the age eligibility for a free and appropriate public education under State law?

LEA Totals

Comment:

___yes ___no ___unable to determine
[If yes, answer question 24. **If no, stop**]

24. Has the public agency developed and provided the student with a summary of academic achievement and functional performance including recommendations to assist the student in meeting the student's postsecondary goals?

LEA Totals

___yes ___no ___n/a ___unable to determine
(Not yet developed will be when due)
[If yes, answer questions 25 & 26]

Comment:

25. Does the summary of performance provide the student with a summary of his/her academic achievement and functional performance?

LEA Totals

___yes ___no ___n/a ___unable to determine

Comment:

26. Does the summary of performance include recommendations on how to assist the student in meeting his/her postsecondary goals?

LEA Totals

___yes ___no ___n/a ___unable to determine

Comment:

Post-School Follow-up Survey
Demographic Data and Sample Table

Number to Survey

<u>Exiting Seniors</u>	<u>Number to Survey</u>
1 - 50	All
51 - 100	51 - 55
101 - 200	60
201 - 400	75
Over 400	80

LEA should obtain a list of all special education exiters. Conduct a proportional survey by ensuring that there is a sample representation of specific disabilities at the same percentage rate which occurs in the list of seniors. Choose every 5th student in each disability category until number is reached.

Pre-Telephone Survey requirements

- 1) The list of exiting seniors
- 2) The telephone numbers and addresses for exiting seniors
- 3) Copy of transition page for each student
- 4) Type of disability
- 5) Type of diploma
- 6) Teacher and school
- 7) Parent names

Post-School Follow Up Survey - Script

INSTRUCTIONS

1. Use appropriate language. The wording of questions may be changed somewhat as long as it does not interfere with the meaning of the question. A friendly, conversational manner will help put the interviewee(s) at ease.

Hello, my name is _____. I am calling for the _____ school system. We are doing a survey of students who received special education services during the _____ school year. Would you take a few minutes to answer some questions? This information will be used to help improve services for students. All information will remain strictly confidential. No personally identifiable information will be revealed to anyone.

If NO, thank the student/family and write "Refused" at the bottom of the record review sheet.

If YES, verify the contact information and the year of exit recorded on the file review sheet.

In talking to families, it may be helpful if the student and a parent/guardian can be on the line during the interview. If another extension is not available ask that the other person sit nearby so questions can be discussed if necessary.

Use good judgment.

Remember that all personal information you obtain in the interview is confidential.

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

POST-SCHOOL FOLLOW UP SURVEY

A7a

(Completed in Year 2 of the monitoring cycle)

The purpose of this interview is to learn about your experiences in high school and about your current activities in areas related to employment, continuing education, independent living, and community involvement. The information will be used to plan high school programs to better prepare students for adult living.

Name of Student _____
(First) (Last) (Maiden)

Survey Conducted With _____ Student _____ Parent/Guardian _____ Student/Parent

Survey Conducted By: _____
(Name) (Position)

I. EMPLOYMENT

A. Do you currently have a paid job? _____ Yes _____ No

1. If YES, check job type most compatible

If NO, skip to Part B

- _____ Food Service _____ Retail store or grocery
- _____ Factory Work _____ Construction/building trades
- _____ Mechanical/Automotive _____ Office Work
- _____ Domestic/Janitorial _____ Sheltered Workshop
- _____ Laborer (lawn care, painting, handling materials, etc.)
- _____ Other (Describe) _____

2. How many hours per week do you work? _____

3. How long have you worked at your current job?

- _____ 6 months or less _____ 7-12 months
- _____ 13-18 months _____ 19-24 months
- _____ More than 24 months

B. Unemployed

1. If not employed, what are you doing?

_____ College _____ Two-Year _____ Four-Year _____ GED Program
_____ Vocational/Technical Program _____ Volunteering
_____ In an apprenticeship program _____ Attending a day program
_____ Staying home and doing nothing _____ Looking for work w/help of an agency
_____ Other (Please Describe) _____

2. Amount of time on last paying job?

_____ Less than 1 month _____ 1-3 months
_____ 3-6 months _____ More than 6 months

Still Employed there? Yes / No

3. If No, Why did you leave the job?

_____ Laid-off _____ Did not like the job _____ Found a better job
_____ Too difficult _____ Fired _____ Quit
_____ Lack skills or ability to do the job _____ Return to school/ training
_____ Other (Please Describe) _____

EGS #14

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

POST-SCHOOL FOLLOW UP SURVEY Page 2

A7a

II. POST-SECONDARY EDUCATION

A. Are you currently attending school? (Do not include sheltered workshops/Supported Employment)

_____ Yes _____ No

B. If YES, continue If No, skip to Section III

_____ Community College _____ Four-Year University _____ Vocational Tech Program

_____ Private vocational program (barber/beauty school, business school, etc.)

_____ Other (Please Describe) _____

C. Are you receiving any accommodations or support in your educational program?

_____ Yes _____ No

III. STUDENT INVOLVEMENT IN TRANSITION PLANNING

A. Were you involved in the planning and development of your High School Transition Plan?

_____ Yes _____ No

B. Did the activities and services of your transition plan help prepare you for life after leaving high school?

_____ Yes _____ No

C. Did you participate in the Work-Based Learning program while in high school?

_____ Yes _____ No

IV. COMMUNITY INVOLVEMENT

Are you involved in any recreation/activities? Such as:

_____ Church Activities	_____ Hanging with friends	_____ Go to movies
_____ Hobbies	_____ Computer/Internet	_____ Sports/Athletic Events
_____ Camping	_____ Mall	_____ Hiking
_____ Library	_____ Boating	_____ Drive around or ride around
_____ Fishing	_____ Hunting	
_____ Other _____		

V. INDEPENDENT LIVING

A. Where are you currently living?

_____ Alone _____ Alone with Support _____ Parent/Guardian
_____ Spouse or Roommate _____ Group Home
_____ Other (Please Describe) _____

B. What are your future plans for your living arrangements?

_____ Alone _____ Alone with Support _____ Parent/Guardian
_____ Spouse or Roommate _____ Group Home
_____ Other (Please Describe) _____

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

POST-SCHOOL FOLLOW UP SURVEY Page 3

A7a

C. What daily activities do you perform independently?

_____ Shopping _____ Paying Bills/Banking _____ Driving/Accessing Transportation
_____ Making Appointments, i.e. doctor, hair stylist, etc.

_____ Other (Please Describe) _____

VI. OTHER INFORMATION

A. Are you receiving assistance from any agency in any way? Yes / No

If yes, indicate which:

_____ Adult Training Centers, i.e. Goodwill, Cerebral Palsy Center, etc.
_____ Social Security Office _____ DMR _____ DMHDD
_____ VR _____ Rehab Centers (Vocational) _____ College Disability Service Office

_____ Other (Please Describe) _____

B. What type of job do you want to be doing in five years?

C. Do you feel your high school program prepared you for the challenges of adult living?

_____ Yes _____ No

D. If YES, which part of your high school program helped you the most?

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

Post-School Follow-Up Survey Tally Sheet

A7b

Use this information to complete your response to indicator EGS/ET #14 in Year 2 of monitoring. Indicate how this information will be used to improve transition planning in your system.

School System: _____ School: _____ Date _____

Total Number Interviewed: _____ Total Number Student Only Interviewed: _____
 Total Number Parent/Guardian Only: _____ Total Number Parent Assisted: _____
 Total Number Refused: _____ Total Employed (IA) plus Total Attending School (IIA) _____

I. EMPLOYMENT

A. Number with paid job _____

1. Type of job

_____ Food Service	_____ Retail store or grocery
_____ Factory Work	_____ Construction/building trades
_____ Mechanical/Automotive	_____ Office Work
_____ Domestic/Janitorial	_____ Sheltered Workshop
_____ Laborer (lawn care, painting, handling materials, etc.)	
_____ Other (Describe) _____	

4. Hours per week currently working _____

5. Length of time on your current job

_____ 6 months or less	_____ 7-12 months
_____ 13-18 months	_____ 19-24 months
_____ More than 24 months	

B. Unemployed

1. Non Work Activities

_____ College	_____ Two-Year	_____ Four-Year	_____ GED Program
_____ Vocational/Technical Program			_____ Volunteering
_____ In an apprenticeship program			_____ Attending a day program
_____ Staying home and doing nothing			_____ Looking for work w/help of an agency
_____ Other (Please Describe) _____			

3. Amount of time on last paying job:

_____ Less than 1 month	_____ 1-3 months
_____ 3-6 months	_____ More than 6 months

3. Reason for leaving the job

_____ Laid-off	_____ Did not like the job	_____ Found a better job
_____ Too difficult	_____ Fired	_____ Quit
_____ Lack skills or ability to do the job		_____ Return to school/ training
_____ Other (Please Describe) _____		

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

Post-School Follow-Up Survey Tally Sheet Page 2

A7b

II. POST-SECONDARY EDUCATION

A. Number attending school _____
Number not-attending school _____

B. Type of School

_____ Community College _____ Four-Year University _____ Vocational Tech Program
_____ Private vocational program (barber/beauty school, business school, etc.)
_____ Other (Please Describe) _____

C. Number receiving accommodations or support _____

III. STUDENT INVOLVEMENT IN TRANSITION PLANNING

A. Number involved in transition planning _____
B. Number prepared for life after high school _____
C. Number that participated in the Work-Based Learning _____

IV. COMMUNITY INVOLVEMENT

Type of Recreation / Activities

_____ Church Activities	_____ Hanging with friends	_____ Go to movies
_____ Hobbies	_____ Computer/Internet	_____ Sports/Athletic Events
_____ Camping	_____ Mall	_____ Hiking
_____ Library	_____ Boating	_____ Drive around or ride around
_____ Fishing	_____ Hunting	
_____ Other _____		

V. INDEPENDENT LIVING

A. Total Number Currently Living
_____ Alone _____ Alone with Support _____ Parent/Guardian
_____ Spouse or Roommate _____ Group Home _____
_____ Other (Please Describe) _____

B. Future living plans (in the next 5 years)
_____ Alone _____ Alone with Support _____ Parent/Guardian
_____ Spouse or Roommate _____ Group Home _____
_____ Other (Please Describe) _____

C. Number and Type of Independent Daily Activities
_____ Shopping _____ Paying Bills/Banking
_____ Making Appointments, i.e. doctor, hair stylist, etc. _____ Driving/Accessing Transportation
_____ Other (Please Describe) _____

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

Post-School Follow-Up Survey Tally Sheet Page 3

A7b

VI. OTHER INFORMATION

- A. Number receiving assistance from any agency _____
- B. Type of job hope to have in 5 years _____
- C. Number that feel their high school program
prepared them for adult life _____

Please list what part of your high school program helped students the most

_____	_____
_____	_____

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

CPR for LEAs

A8

LOCAL STEERING COMMITTEE

LEA _____

_____ Name	_____ Position	_____ Name	_____ Position
_____ Name	_____ Position	_____ Name	_____ Position
_____ Name	_____ Position	_____ Name	_____ Position
_____ Name	_____ Position	_____ Name	_____ Position
_____ Name	_____ Position	_____ Name	_____ Position
_____ Name	_____ Position	_____ Name	_____ Position
_____ Name	_____ Position	_____ Name	_____ Position
_____ Name	_____ Position	_____ Name	_____ Position
_____ Name	_____ Position	_____ Name	_____ Position
_____ Name	_____ Position	_____ Name	_____ Position

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

CPR for LEAs

A9

EXIT CONFERENCE AGENDA

YEAR #1

- A. Introductions**

- B. Distribution of Handouts**

- C. Overview of CPR Process**

- D. Review of Self Assessment: Findings/Commendations/Improvement Needs**

- E. Next Steps**

- F. Questions/Comments**

- G. Adjourn**

Cyclical Performance Review for Local Education Agencies (CPR For LEAs)

A10

CPR for LEAs

Reunion Steering Committee Meeting

(Year III)

Agenda

- A. **Introductions**

- B. **Review of CPR Process**
 - a. **Program Improvement Plan (PIP) Review**
 - 1. **Actions Taken**
 - 2. **Summary of Improvements Made**
 - b. **Post-School Follow up Survey**
 - 1. **Results**
 - 3. **Implications for Transition Planning Process**

- C. **Next Steps**
 - a. **Actions needed to prepare for next self assessment**
 - b. **Timeline for Years 1, 2, 3 and 4**

- D. **Discussion**

- E. **Questions/Answers**

- F. **Adjourn**